

and release, with insufficient pharmacological effect in the arterial wall.

The possibility of also obtaining a reduction in neointimal hyperplasia by administering simultaneously high systemic doses of corticosteroids, as shown in the immunosuppressive therapy for the prevention of restenosis after coronary artery stent implantation studies,⁴ or associating dexamethasone to other stent-delivered drugs may deserve further investigation.

We remind, however, that the results of DESIRE do not allow a direct comparison with other forms of treatment because of the lack of a control group.

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Funding: The study was partially supported by Abbott Vascular Devices (Redwood City, California, USA) and Endotech (Como, Italy). The study sponsors had no role in the data analysis, statistical analysis, data interpretation, writing of the report or in the decision to submit the article for publication. FR received a research grant from the study sponsors and was reimbursed of travel expenses for presentation of the results of the study at scientific meetings.

Competing interests: None.

The Dexamethasone Eluting Stent Italian REgistry (DESIRE) investigators are listed in the appendix.

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APPENDIX

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